

Dairy Programs Video Request Form

Requester: _____
Phone: _____
FAX: _____

AMS Program/Activity: _____
Address for Shipping Video(s): _____

Requested Video(s):

Title: _____

Type of training video: _____ Sexual Harassment/Disability
(Check one) _____ Special Emphasis Programs
_____ Civil Rights, EEO, and more...
_____ Town Hall Meeting or USDA

Title: _____

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Dates Video(s) Needed: From _____ To _____

Signature: _____ Date: _____

Return videos(s) to: USDA/MRP/AMS/ Civil Rights Office
ATTN: Sheila Hanz, EEO Specialist
14th & Independence Avenue, SW., Room 3074-South
Washington, DC. 20250